or Quarterly Activity Reporting

Office Use Only

Section 1: Cover Sheet

Use this form to:

- 1) Register as a lobbyist in accordance with City Code Section 4-8-5;
- 2) Amend or update registration information previously provided in accordance with City Code Section 4-8-5;
- 3) Terminate registration as a lobbyist per City Code Section 4-8-5;
- 4) Report lobbying activities engaged in during the preceding calendar quarter in accordance with Section 4-8-6 of the City Code; or
- 5) For entities electing to register and report as a business entity per City Code Section 4-8-4, this form must be filled out for each individual lobbyist employed by the entity.

For detailed instructions on how to complete this form, see the Lobbyist Reporting Form: Individual Reporting Guide

This form must be submitted in its original digital format. Please do not print or scan this form.

LOBBYIST NAME	Title Mr. Last Name* Salinas My employe	First Name* Trey r is a 501c(3) non-profit organization	Suffix	Middle	
EMPLOYING ENTITY	My employer is registered as a business entity, pays an entity registration fee, and is reporting behalf Entity/Organization Name* 3 Point Partners				
LOBBYIST PERMANENT BUSINESS STREET ADDRESS	Permanent Busi 812 San Antonio City* Austin	ness Street Address* o St	Apartment or #400 State* TX	Suite Number Zip Code* 78701	
LOBBYIST BUSINESS MAILING ADDRESS	Business Mailing 812 San Antonio City* Austin		Apartment or #400 State* TX	Suite Number Zip Code* 78701	

	☐ I am registering as a new lobbyist				
	☐ I am renewing my annual lobbyist registration				
REPORT TYPE *	I am submitting my Quarterly Activity Report, including client compensation and expenditures, the following activity reporting deadline:				
Check all that apply	☑ January				
	☐ I am correcting the information provided on a previously filed report Previous Report Type: Lobbyist Registration Previous Report Date				
	I am terminating my Lobbyist Registration with the City of Austin and this report is my final activity report.				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
- 2) an address or legal description of the real property, if real property is the subject of the municipal question
- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*

Austin Police Officer Funding

This municipal question pertains to real property. *If checked, either a property address or legal description is required.

Address

Suite or Apartment Number

City

State

Zip Code

	Address			Suite or	Apartment N	lumber
OR						
LEGAL DESCRIPTION	City			State		Zip Code
	Property Legal De	scription				
ubject Matter(s)*: Check all sub	ject matters that	apply to the mu	nicipal question above			
Accessibility or Persons with D	Disabilities		al Matters, Air or Water /atershed Protection		Permits (Bui	lding, Site Plans)
Affordability		Finance, Bud	get, or Investments		Permits (Oth	ner)
Animals		Health, Healt Human Servi	chcare, Mental Health, or ces	\boxtimes	Public Safety Emergency F	y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic Pres	ervation		Public Utiliti or Recycling	es, Energy, Water, Solid Wasi
Arts, Music, Film, Cultural or Creative Industries		Hospitality, T Center	ourism, Events, or Convention	on 🖂	Quality of Li	fe Affairs
Aviation		Human Right	s or Immigration		Real Estate	
City Infrastructure or Public W	/orks	∑ Labor or Wor	rkforce		Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	yment, or	Land Develop	oment or Land Use		Taxation or I	Fees
Code Compliance		Municipal Co	urt		Technology	or Communications
Construction		Municipal Le	gislation		Transportati	ion or Mobility
Contracts or Procurement		Neighborhoo	ds		Zoning or Pla	atting
Diversity, Equity, or Inclusion		Parks, Recrea	ation, Libraries, or Museums			
Economic Development		Other:				



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Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*

Austin Energy Generation Plan

This municipal question pertains to real property. *If checked, either a property address or legal description is required.

Address

Suite or Apartment Number

City

State

Zip Code

Property Legal Description

OR				1		
LEGAL DESCRIPTION						
LEGAL DESCRIPTION	City			State		Zip Code
	Property Legal De	scription				
Subject Matter(s)*: Check all sub	ject matters that	apply to the i	municipal question above			
Accessibility or Persons with I	Disabilities		ental Matters, Air or Water or Watershed Protection		Permits (Bui	ilding, Site Plans)
		Finance, I	Budget, or Investments		Permits (Oth	ner)
Animals		Health, H	ealthcare, Mental Health, or ervices			y, Policy, Fire, EMS, or Planning and Response
Annexation		Historic P	reservation	\boxtimes	Public Utiliti or Recycling	es, Energy, Water, Solid Waste
Arts, Music, Film, Cultural or Creative Industries		Hospitalit Center	ty, Tourism, Events, or Conventi	on 🔀	Quality of Li	fe Affairs
Aviation		Human R	ights or Immigration		Real Estate	
City Infrastructure or Public W	/orks	Labor or \	Workforce		Rules, Propo	osed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	yment, or	Land Dev	elopment or Land Use	\boxtimes] Taxation or	Fees
Code Compliance		Municipa Municipa	I Court		Technology	or Communications
Construction		☐ Municipa	l Legislation		Transportati	ion or Mobility
Contracts or Procurement		☐ Neighbor	hoods		Zoning or Pl	atting
Diversity, Equity, or Inclusion		Parks, Re	creation, Libraries, or Museums	5		
⊠ Economic Development		Other:				



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE **Austin Energy Rates** MUNICIPAL QUESTION* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums Economic Development Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE **Body Cameras** MUNICIPAL QUESTION* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums **Economic Development** Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

- 1) a specific description of each municipal question
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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Land use issues MUNICIPAL QUESTION* This municipal question pertains to real property. *If checked, either a property address or legal description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or □ Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums Economic Development Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE **MUD** Issues MUNICIPAL QUESTION* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or □ Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods

Parks, Recreation, Libraries, or Museums

Other:

Diversity, Equity, or Inclusion



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Real Estate MUNICIPAL QUESTION* This municipal question pertains to real property. *If checked, either a property address or legal description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or □ Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums

Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Renewable Energy MUNICIPAL QUESTION* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums

Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*

Right of way permitting issues

This municipal question pertains to real property. *If checked, either a property address or legal description is required.

Address

Suite or Apartment Number

City

State

Zip Code

Property Legal Description Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Emergency Planning and Response Human Services** Public Utilities, Energy, Water, Solid Waste, Annexation **Historic Preservation** or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or □ Land Development or Land Use X Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums Economic Development Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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- 3) the subject matter(s) from the list of subjects below that apply to the specific municipal question

To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE **Short Term Rental** MUNICIPAL QUESTION* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation **Historic Preservation** or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate

□ Labor or Workforce

Municipal Court

Neighborhoods

Other:

Municipal Legislation

Land Development or Land Use

Parks, Recreation, Libraries, or Museums

Add Additional Municipal Question

City Infrastructure or Public Works

Retirement Systems

Contracts or Procurement

Diversity, Equity, or Inclusion

Economic Development

Code Compliance

Construction

Civil Service, Municipal Employment, or

Delete this page

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Rules, Proposed Rules, or Rule Making

Technology or Communications

Transportation or Mobility

Taxation or Fees

Zoning or Platting



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*

Water Rates

This municipal question pertains to real property. *If checked, either a property address or legal description is required.

Address

Suite or Apartment Number

City

State

Zip Code

Property Legal Description

Subject Matter(s)*: Check all subject matters that apply to the municipal question above

Accessibility or Persons with Disabilities

Environmental Matters, Air or Water Quality, or Watershed Protection

Affordability

Finance, Budget, or Investments

Permits (Other)

	Property Legal Descri	otion	
Subject Matter(s)*: Check all subj	ect matters that app	oly to the municipal question above	
Accessibility or Persons with Di	isabilities \boxtimes	Environmental Matters, Air or Water Quality, or Watershed Protection	Permits (Building, Site Plans)
	\boxtimes	Finance, Budget, or Investments	Permits (Other)
Animals		Health, Healthcare, Mental Health, or Human Services	Public Safety, Policy, Fire, EMS, or Emergency Planning and Response
		Historic Preservation	Public Utilities, Energy, Water, Solid Waste or Recycling
Arts, Music, Film, Cultural or Creative Industries		Hospitality, Tourism, Events, or Convention Center	On Quality of Life Affairs
Aviation		Human Rights or Immigration	Real Estate
	orks	Labor or Workforce	Rules, Proposed Rules, or Rule Making
Civil Service, Municipal Employ Retirement Systems	ment, or	Land Development or Land Use	
Code Compliance		Municipal Court	☐ Technology or Communications
Construction		Municipal Legislation	☐ Transportation or Mobility
Contracts or Procurement		Neighborhoods	Zoning or Platting
Diversity, Equity, or Inclusion		Parks, Recreation, Libraries, or Museums	
Economic Development		Other:	



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below.

SPECIFIC DESCRIPTION OF THE MUNICIPAL QUESTION*

Cultural Arts Funding

This municipal question pertains to real property. *If checked, either a property address or legal description is required.

Address

OR

LEGAL DESCRIPTION

City

State

Zip Code

	Audiess			Suite of Apartine	it number
OR					
LEGAL DESCRIPTION	City			State	Zip Code
	Property Legal D	escription			
ubject Matter(s)*: Check all sub	ject matters tha	t apply to the muni	cipal question above		
Accessibility or Persons with I	Disabilities		l Matters, Air or Water tershed Protection	Permits (Building, Site Plans)
Affordability		Finance, Budg	et, or Investments	Permits (Other)
☐ Animals		Health, Health Human Service	care, Mental Health, or es		fety, Policy, Fire, EMS, or cy Planning and Response
Annexation		Historic Preser	rvation	Public Ut or Recycl	ilities, Energy, Water, Solid Waste ling
Arts, Music, Film, Cultural or Creative Industries		Hospitality, To Center	urism, Events, or Convention	Quality o	f Life Affairs
Aviation		☐ Human Rights	or Immigration	Real Esta	te
City Infrastructure or Public W	Vorks	Labor or Work	force	Rules, Pr	oposed Rules, or Rule Making
Civil Service, Municipal Emplo Retirement Systems	yment, or	Land Developr	ment or Land Use	Taxation	or Fees
Code Compliance		Municipal Cou	rt	Technolo	gy or Communications
Construction		Municipal Legi	islation	Transpor	tation or Mobility
Contracts or Procurement		Neighborhood	ls	Zoning o	r Platting
Diversity, Equity, or Inclusion		Parks, Recreat	ion, Libraries, or Museums		
Economic Development		Other:			



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Transportation MUNICIPAL QUESTION* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation **Historic Preservation** or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting Diversity, Equity, or Inclusion Parks, Recreation, Libraries, or Museums

Other:



Required for Lobbyist Registration, Termination, or Quarterly Activity Reporting

Section 2: Municipal Question

For each municipal question on which the individual lobbyist will lobby, provide a separate page with

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To report more than one Municipal Question, click the "Add Additional Municipal Question" button below. SPECIFIC DESCRIPTION OF THE Technology and Procurement MUNICIPAL QUESTION* description is required. PROPERTY ADDRESS Address Suite or Apartment Number ΩR LEGAL DESCRIPTION City State Zip Code **Property Legal Description** Subject Matter(s)*: Check all subject matters that apply to the municipal question above Environmental Matters, Air or Water Accessibility or Persons with Disabilities Permits (Building, Site Plans) Quality, or Watershed Protection Affordability Finance, Budget, or Investments Permits (Other) Health, Healthcare, Mental Health, or Public Safety, Policy, Fire, EMS, or **Animals Human Services Emergency Planning and Response** Public Utilities, Energy, Water, Solid Waste, Annexation Historic Preservation or Recycling Arts, Music, Film, Cultural or Hospitality, Tourism, Events, or Convention Quality of Life Affairs **Creative Industries** Center Aviation **Human Rights or Immigration** Real Estate City Infrastructure or Public Works □ Labor or Workforce Rules, Proposed Rules, or Rule Making Civil Service, Municipal Employment, or Land Development or Land Use Taxation or Fees **Retirement Systems** Code Compliance Municipal Court Technology or Communications Construction Municipal Legislation Transportation or Mobility **Contracts or Procurement** Neighborhoods Zoning or Platting

Parks, Recreation, Libraries, or Museums

Other:

Diversity, Equity, or Inclusion



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable * Airbnb			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 888 Brannan Street Client City* San Francisco Nature of Client's Business* Short Term Rentals	Client Apartment o Client State * CA	Client Zip Code*	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0	OR	(\$) Exact Amount			
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):					

* Indicates a required field

Add Another Client Page



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no clien reporting period	t compensation dur	ing the applicable
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
	Apex Bethel Energy Center LLC		
	Client Business Address*	Client Apartment or	Suite Number
OLIFAIT	3200 Southwest Freeway	Suite 2210	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Houston	TX	77027
NATURE OF	Nature of Client's Business*		
BUSINESS	Energy		
			'

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	\$0	OR		
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
* In all and a supervision of Grad				

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* Armbrust & Brown LLP			
	Client Business Address* 100 Congress Ave.	Client Apartment or Suite 1300	r Suite Number	
CLIENT ADDRESS AND	Client City* Austin	Client State*	Client Zip Code*	
NATURE OF BUSINESS	Nature of Client's Business* Law Firm			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount		
•	\$0	OR			
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.				
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):		
*					

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	organization Nume of official East Nume, as applicable			
	AT&T			
	Client Business Address* 816 Congress Ave	Client Apartment or Suite 1100	Suite Number	
CLIENT				
ADDRESS	Client City*	Client State *	Client Zip Code*	
AND	Austin	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	Communications			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0	OR	(\$) Exact Amount
	Per City Code Section 4-8-6(A)(j), the exact comper for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation info		

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable*			
onent is an individual	Organization Name of Gliefit East Name, as applicable			
	Greater Austin Crime Commission			
	Client Business Address*	Client Apartment or	Suite Number	
	PO Box 27016			
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
ADDRE35	Austin	TX	78755	
AND	Austin		78755	
NATURE OF	Nature of Client's Business*			
BUSINESS	Non-profit			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation in		

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable* Axon Enterprise, Inc.			
	Client Business Address* 17800 N 85th St	Client Apartment o	r Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Scottsdale	AZ	85255	
NATURE OF Nature of Client's Business*				
BUSINESS	Manufacturer of body cameras			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicates a various dist			

Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT				
NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*	1		
	Brandywine Realty Trust			
	Client Business Address*	Client Apartment of	or Suite Number	
OLIENT	1501 S Mopac	Suite 310		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78746	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a naminal field			

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* c\o Brandywine Realty, 1501 S Mopac Client City* Austin Nature of Client's Business* Business League	Client Apartment of Suite 310 Client State* TX	Client Zip Code*	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 charges)			

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable*			
one it is all individual				
	Cypress Real Estate Advisors			
	Client Business Address*	Client Apartment or	Suite Number	
	1601 S Mopac	Suite 175		
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS		TV		
AND	Austin	TX	78746	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), th for compensation totaling \$500,000 If you fail to provide the above Client Co	amount is <mark>required</mark> , provide your reason(s) (250 char. max):	
* Indicator a naminal fi			

Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable * Cypress Semiconductor			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* Champion Court Client City* San Jose Nature of Client's Business* High Tech	Client Apartment or Client State* CA	Client Zip Code* 95134	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), th for compensation totaling \$500,000 If you fail to provide the above Client Co	or more.	amount is <mark>required</mark> , provide your reason(s) (250 char. max):
* Indicator a naminal fi			

Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Endeavor Real Estate Group			
	Client Business Address* 221 West 6th Street	Client Apartment of Suite 1300	r Suite Number	
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS			1 <u> </u>	
AND	Austin	TX	78701	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	, provide your reason(s) (250 char. max):
* Indicator a required field			

Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable *			
Chefft is all individual	Goveia Real Estate			
	Client Business Address* 24855 Del Prado	Client Apartment or	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Dana Point	CA	92629	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate Development			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0 Per City Code Section 4-8-6(A)(j), the exact competer compensation totaling \$500,000 or more.	OR nsation a	(\$) Exact Amount amount is required
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable *			
	HDR, Inc			
	Client Business Address* 4401 West Gate Blvd	Client Apartment or Suite 400	Suite Number	
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*	
AND NATURE OF	Nature of Client's Business*		107.0	
BUSINESS	Engineering Firm			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0	OR	(\$) Exact Amount	
CONFENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Lincoln Clean Energy			
	Client Business Address*	Client Apartment or	Suite Number	
	401 N Michigan Ave	Suite 501		
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS			Chefft Zip Gode	
AND	Chicago	<u> </u> L	60611	
NATURE OF	Nature of Client's Business*			
BUSINESS	Renewable Energy			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), th for compensation totaling \$500,000 If you fail to provide the above Client Co	or more.	amount is <mark>required</mark> , provide your reason(s) (250 char. max):
* Indicator a naminal fi			

Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	organization Name of official East Name, as applicable			
	NXP Semiconductor, Inc.			
CLIENT	Client Business Address* 6501 William Cannon Drive West	Client Apartment or		
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78735	
NATURE OF	Nature of Client's Business*			
BUSINESS	High Tech			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION			
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation in	formation	ı, provide your reason(s) (250 char. max):
* Indicates a naminad field			

Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME			
Client is an individual	Organization Name or Client Last Name, as applicable*		
one it is all individual	organization wante of olient East Wante, as applicable		
	Samsung Austin Semiconductor, LLC		
	Client Business Address*	Client Apartment or	r Suite Number
	12100 Samsung Blvd	#110	
CLIENT			
ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78754
NATURE OF	Nature of Client's Business*		
BUSINESS	High Tech		
	19		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.		amount is required
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT			
Client is an individual	Organization Name or Client Last Name, as applicable* Seton Healthcare		
0.151.7	Client Business Address* 1201 W 38th St	Client Apartment or	r Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	TX	78705
NATURE OF	Nature of Client's Business*		
BUSINESS	Healthcare Network		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compe for compensation totaling \$500,000 or more.	nsation a	nmount is <mark>required</mark>
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no clien reporting period	t compensation dur	ing the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable *		
	Torchy's Tacos		
QUENT	Client Business Address* 999 E Basse Rd	Client Apartment or	Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	San Antonio	TX	78209
NATURE OF	Nature of Client's Business*		
BUSINESS	Restaurants		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a new incl Gold			

Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\Box I represented no clients and received no clienteporting period	t compensation duri	ing the applicable
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable*		
	Walmart Stores, Inc Client Business Address*	Client Apertment or	Cuita Number
CHENT	2001 Southeast 10th St	Client Apartment or	Suite Number
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Bentonville	AR	72713
NATURE OF	Nature of Client's Business*		
BUSINESS	Retail Merchant		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason		

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	\square I represented no clients and received no client reporting period	compensation du	ring the applicable
CLIENT NAME	Client Title Client First Name*		Middle
⊠ Client is an individual	Organization Name or Client Last Name, as applicable* Wayne Reaud	Client Suffix	
	Client Business Address* 98 San Jacinto Blvd	Client Apartment of Suite 1400	or Suite Number
CLIENT ADDRESS AND	Client City* Austin	Client State*	Client Zip Code*
NATURE OF BUSINESS	Nature of Client's Business* Property Owner		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category*		(\$) Exact Amount
	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* In all a days a supervision of Grand			

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	White Lodging Services Corp			
CLIENT	Client Business Address* 701 East 83rd Ave	Client Apartment or		
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Merrillville	IN	46410	
NATURE OF	Nature of Client's Business*			
BUSINESS	Developer			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	\$0	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), th for compensation totaling \$500,000 If you fail to provide the above Client Co	or more.	amount is <mark>required</mark> , provide your reason(s) (250 char. max):
* Indicator a naminal Ga			

Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Zach Theatre			
CLIENT ADDRESS	Client Business Address* 1510 Toomey Road Client City* Austin	Client Apartment or Client State*	Suite Number Client Zip Code* 78704	
AND	Austin		76704	
NATURE OF BUSINESS	Nature of Client's Business* Entertainment			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation in		

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME ☐ Client is an individual	Organization Name or Client Last Name, as applicable*		
	Client Business Address* 2121 S El Camino Real	Client Apartment of	r Suite Number
CLIENT ADDRESS AND NATURE OF	Client City* San Mateo Nature of Client's Business*	Client State*	Client Zip Code* 94403-1861
BUSINESS	Ride Sharing Bikes		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	Zydeco Development			
CLIENT	Client Business Address* 901 Rio Grande	Client Apartment of Suite 200	r Suite Number	
	Client City*	Client State*	Client Zip Code*	
ADDRESS	Austin	TX	78701	
AND	Tradition 1		70701	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate Development			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT COMPENSATION	Compensation Category* \$0 Per City Code Section 4-8-6(A)(j), the exact competor compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation into	

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period		
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* Orange Barrel Media		
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 250 North Hartford Avenue Client City* Columbus Nature of Client's Business* Advertising	Client Apartment of Client State* OH	Client Zip Code*

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* less than \$10,000	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation in		

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client reporting period	t compensation d	uring the applicable
CLIENT NAME ⊠ Client is an individual	Client Title Client First Name* Richard Organization Name or Client Last Name, as applicable*	Client Suffix	Middle
	Garriott de Cayeaux		
	Client Business Address*	Client Apartment	or Suite Number
	7400 Coldwater Canyon Dr		
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*
AND	Austin	ТХ	78730
NATURE OF	Nature of Client's Business*		
BUSINESS	N/A		

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact competer for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation into		
* Indicator a new incl Gold			

* Indicates a required field

Add Another Client Page



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
☐ Client is an individual	Organization Name or Client Last Name, as applicable*			
onent is an individual	organization Name of Gliefit East Name, as applicable			
	Veritas Famliy Partners Land Ltd.			
	Client Business Address*	Client Apartment or	Suite Number	
	P.O. Box 160340			
CLIENT	Client City*	Client State*	Client Zip Code*	
ADDRESS		TV		
AND	Austin	TX	78716	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate Development			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount		
CLIENT	less than \$10,000	OR			
COMPENSATION					
	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.				
	If you fail to provide the above Client Compensation in	formation,	provide your reason(s) (250 char. max):		
* Indicator a required field					

Indicates a required field

Add Another Client Page



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period				
CLIENT NAME					
Client is an individual	Organization Name or Client Last Name, as applicable*				
	Downtown Austin Alliance				
	Client Business Address*	Client Apartment o	r Suite Number		
	211 E. 7th Street 818				
CLIENT ADDRESS	Client City*	Client State*	Client Zip Code*		
AND	Austin	TX	78701		
NATURE OF	Nature of Client's Business*				
BUSINESS	Advocacy Organization				

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

CLIENT	Compensation Category* \$0	OR	(\$) Exact Amount
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.		
	If you fail to provide the above Client Compensation inf	ormation	, provide your reason(s) (250 char. max):

* Indicates a required field

Add Another Client Page



Section 3a: Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	$\hfill \square$ I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME Client is an individual	Organization Name or Client Last Name, as applicable* Eureka Holdings Inc			
CLIENT ADDRESS AND NATURE OF BUSINESS	Client Business Address* 603 W 8th St Client City* Austin Nature of Client's Business* Real Estate Development	Client Apartment of Client State* TX	Client Zip Code*	

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount	
CLIENT	less than \$10,000	OR		
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more.			
	If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):			
* Indicatoo a naminad field				

Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	organization nume of offent East Nume, as applicable	1		
	Austin Board of Realtors			
		J		
	Client Business Address*	Client Apartment of	r Suite Number	
	4800 Spiceood Springs Rd			
CLIENT	au . au *			
ADDRESS	Client City*	Client State*	Client Zip Code*	
AND	Austin	TX	78759	
NATURE OF	Nature of Client's Business*			
	INATURE OF CHEFIT 5 DUSINESS			
BUSINESS	Real Estate Advocacy Organization			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

	Compensation Category*		(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* 1			

* Indicates a required field

Add Another Client Page



Section 3a:

Client Information

For each distinct client on whose behalf the individual lobbyist will lobby, provide a separate page with the information below.

For additional clients, click "Add Another Client Page" below.

NO CLIENTS TO REPORT	I represented no clients and received no client compensation during the applicable reporting period			
CLIENT NAME				
Client is an individual	Organization Name or Client Last Name, as applicable*			
	First Advisors, Inc.			
CLIENT	Client Business Address* P.O. Box 364	Client Apartment or		
ADDRESS	Client City*	Client State *	Client Zip Code*	
AND	Spicewood	TX	78669	
NATURE OF	Nature of Client's Business*			
BUSINESS	Real Estate Development			

Section 3b:

Client Compensation

Leave these fields blank if you are not submitting a Quarterly Activity Report or a Termination of Registration.

QUENT	Compensation Category*	-	(\$) Exact Amount
CLIENT	less than \$10,000	OR	
COMPENSATION	Per City Code Section 4-8-6(A)(j), the exact compensation amount is required for compensation totaling \$500,000 or more. If you fail to provide the above Client Compensation information, provide your reason(s) (250 char. max):		
* Indicator a required field			

Indicates a required field

Add Another Client Page



Section 4: Employee

For each person employed or retained by the individual lobbyist for the purpose of assisting in or preparing for lobbying (excluding purely clerical or administrative assistance), provide a separate page with the information below (City Code Section 4-8-5(B)(4)(c)). If the lobbyist has retained no employees, leave this page blank.

For additional employees, click "Add Another Employee Page" below.

NO EMPLOYEES TO REPORT		yed or retained no employees dur	ing the applicable	reporting period
PERSON	Title	First Name*		Middle
EMPLOYED OR	Last Name *		Suffix	
RETAINED	Employer*		Occupation*	
BUSINESS ADDRESS	Business Addre	ess*	Apartment of State*	or Suite Number Zip Code*
MAYOR/COUNCIL RELATIVE OR	Council Mer	n identified above related (within the mber, or a member of their househole the nature of their employment *re	d, as defined in City	Code Section 4-8-6(A)(5)?
HOUSEHOLD MEMBER	First Name of I	Mayor/Council Member	Last Name of Mayo	or/Council Member

* Indicates a required field

Add Another Employee Page

Sections 5, 6 and 7 are for filing Quarterly Activity Reports or a Termination of Lobbyist Registration.

If you are not submitting this form during a quarterly activity reporting deadline or to terminate your lobbyist registration, proceed directly to Section 8: Declaration and Electronic Submission.



Section 5: Statement of No Activity

STATEMENT OF NO EXPENDITURES MADE AND NO COMPENSATION RECEIVED.

Lobbyists who have no reportable activity for the reporting period must submit a Statement of No Activity to the Clerk's Office (City Code Section 4-8-6(D)).

By checking the No Activity Confirmation, I affirm that I have no reportable activity during this reporting period, as defined by the four conditions below.

- I received no Client Compensation during this activity period (§4-8-6(A)(2)).
- I made no Expenditures for lobbying during this activity period (§4-8-6(A)(3)).
- I have not exchanged money, goods, services, or anything of value totaling more than \$500 with a business entity in which a City Official has a substantial economic interest during this reporting period (§4-8-6(A)(4)).
- I have no employees who are household members or related (within third degree of consanguinity or affinity) to the Mayor or a Council Member to report during this reporting period (§4-8-6(A)(5)).

No Activity Confirmation I have read the four conditions above and confirm that I have no reportable activity to disclose during this reporting period



Section 6: Expenditure Totals

Provide the total amount of expenditures for lobbying, sub-totaled by the categories listed below. A blank value will be interpreted as \$0 spent in that particular category (§4-8-6(A)(3)).

Cumulative expenditures of more than \$50 by an individual lobbyist per day per City Official in the expense categories listed below must be itemized on an Expenditure page.

	(\$) Reimbursement to Others	\$0.00
	(\$) Food and Beverages	\$0.00
	(\$) Transportation and Lodging	\$0.00
	(\$) Gifts (other than Awards and Mementos)	\$0.00
EXPENDITURE	(\$) Entertainment	\$0.00
TOTALS	(\$) Awards and Mementos	\$0.00
(Blank values	(\$) Honorariums	\$0.00
will be interpreted as \$0)	(\$) Attendance of Council Members at Charitable Events or Fundraisers	\$0.00
	(\$) Media Communications (broadcast, print, advertising, etc.)	\$0.00
	(\$) Payments to persons who assist with Media Communications as defined in §4-8-6(A)(3)(j)	\$0.00



Section 7: Expenditure

For each itemized expenditure, provide a separate page with the information below. Cumulative expenditures of more than \$50 per day per City Official in the expense categories provided below must be itemized on an Expenditure Page (§4-8-6(A)(3)).

Per §4-8-6(A)(4), exchanges of money, goods, services, or anything of value to a business or business interest of a City Official that total \$500 or more during the reporting period must also be itemized on an Expenditure Page.

For additional expenditures, click "Add Another Expenditure Page" below.

Add Another Expenditure Page

PAYEE NAME	Organization Name or Payee Last Name, as applicable*				
AND					
BUSINESS INTEREST	☐ This payee is a business or business interest of a City Official				
li .	If yes, First Name of City Official		Last Name of City Official		
Payee is an individual					
	Department of City Official		Job Title of City Official		
	Payee Address/ PO Box*		Payee Apartment or Suite Number		
PAYEE			<u> </u>		
ADDRESS	Payee City* Payee State* Payee Zip Code*				
	(\$) Expenditure Amount * Expenditure Date * Category *				
EXPENDITURE	(\$) Experiantare Arribum Experiant	die Date Category			
DETAILO					
DETAILS	Purpose of the Expenditure*				
Identify each City Official who benefitted from or who may have been influenced by the expenditure, if applicable					
City Official First Name	City Official Last Name	Department		Job Title	

Delete this page

53 Revised: 9/25/2017



Section 8: Declaration and Electronic Submission

DECLARATION

By my signature below and subject to the penalty of perjury, I swear or affirm that the facts provided in this Lobbyist Reporting Form are true and correct to the best of my knowledge and belief and include all information required to be reported by me pursuant to City Code, Chapter 4-8.

I understand that pursuant to §4-8-9(E) of the Austin City Code, this report is made under oath regardless of whether there is any jurat or affidavit of verification, including a signature.

Trey Salinas	1/10/2020
Typed Name	Report Date*

Electronic Submission and Signature

I have completed a Lobbyist Contact Information Form, and my signature and e-mail address are both on file at the City Clerk's Office.

New or Renewing Lobbyist Registrations are not considered complete until the appropriate registration fee has been paid. If you are registering for the first time as a lobbyist or are renewing your annual registration, you must remit payment via cash, check, or money order.